

Transfer Request Form

Family Member Number:

Your current plans are:

Home Phone:

Work Phone:

To find a Primary Care Doctor or Dentist *or*
To see if your doctor participates in a plan:

- Call the plan's toll free number listed on the Personal Fact Sheet, or
 - Visit the Healthy Families website at www.healthyfamilies.ca.gov or call 1-888-439-4741

To change plans, select from the available plans listed on the Personal Fact Sheet. Then write the new plan name(s) below:

Plan Name

- 1. New Health Plan** _____
 - 2. New Dental Plan** _____
 - 3. New Vision Plan** _____

We will tell you if there is a change in your premium amount.

If you are changing plans and wish to choose a new doctor, dentist, or optometrist for the enrolled person(s), write the name in the space below:

**Fill out this question ONLY if you selected the
Special Population Plan**

- 5.** I am a seasonal or migrant worker and have been employed in one of the following jobs in the past 24 months:

Agriculture Forestry Fishing

or

I am American Indian

Please return this form and the Customer Satisfaction Survey (on the back of this form) in the envelope provided no later than December 31, 2008 to:



Healthy Families Program
P.O. Box 138010
Sacramento, CA 95813-8010

- 6. Resolving Disputes:** Each plan has its own rules for resolving disputes about the delivery of services and other matters. Some plans say you must use binding arbitration for disputes; others do not. Some plans say that claims for malpractice must be decided by binding arbitration; others do not. If the plan you choose requires binding arbitration, you are giving up your right to a jury trial and cannot have the dispute decided in court. To find out more about how a plan resolves disputes, you can call the plan or look in the HFP Handbook. Or go to: www.healthyfamilies.ca.gov.
 - 7.** I authorize a change in the enrollment of the person(s) listed above and certify that the information I have provided is correct. I understand that a change in plans may result in a premium change.

Signature _____ **Date** _____